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UTILITY PATENT APPLICATION TRANSMITTAL Only for new nonprovisional applications under 37 CFR 1.53(b))			Attorney Docket N	Attorney Docket No. 862.2934					
			Fir	First Named Inventor or Application Identifier					
			MANABU OHGA						
CONLY for ne	Express Mail Labe	el No.							
See MPEP	ADDRES	SS TO:	Assistant Cor Box Patent A Washington,	• •					
T 1 X	e Transmittal Form ubmit an original, and a duplicate for	6. Microfiche Computer Program (Appendix)							
2. X Spe	ecification Total Pa	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
3. X Dra	awing(s) (35 USC 113) Total Sh	eets 27	a. [omputer Readable				
4. X Oa	th or Declaration Total Pa	ges 1	b.) _\ c.[identity of above copies			
a.[Newly executed (original or o	сору)		ACCOMP	ANYING APPLIC	CATION PARTS			
b.[X Unexecuted for information p	ourposes	Ass	signment P	apers (cover sheet	& document(s))			
c. [Copy from a prior application (for continuation/divisional with [Note Box 5 below]	9 37	-	b) Statement is an assignee)	Power of Attorney				
	i. DELETION OF IN Signed Statement at named in the prior a	s) 10 En	iglish Tran	slation Document	t (if applicable)				
	1.63(d)(2) and 1.33(i orporation By Reference (useable if Box	o). 4c is checked)	11. Sta	ormation [atement (I	Disclosure DS)/PTO-1449	Copies of IDS Citations			
part	The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.			eliminary A	Amendment				
The same	orporated by reference therein.	1 13 1 X 1		ipt Postcard (MPE pecifically itemize	•				
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			16. Other:						
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17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No.									
18. CORRESPONDENCE ADDRESS									
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below									
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City		State			Zip Code				
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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	15-20 =	0	X \$ 18.00 =	\$0
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	9-3 =	6	X \$ 78.00 =	\$468.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$260.00 =				\$0
				BASIC FEE (37 CFR 1.16(a))	\$760.00
			Total of	above Calculations =	\$1228.00
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		\$1228.00			
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Jack M. Arnold			
SIGNATURE	Jack M. arnold Reg. No. 25,823			
DATE	July 21, 1999			

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